
Editor's pick

Communication is a vital part of all aspects of “doctoring.” Effective communication can help our patients to understand their illness, including its cause, prognosis, and natural course. This month, Veldtman and colleagues provide some insight into children’s and teens’ understanding of their heart disease (p 171). In their interview study, they found that most young people did not understand their illness, and many had an entirely wrong concept of their disease. These findings should not surprise us.

Our knee-jerk response is to blame such poor doctor-patient communication on the decreased time we spend with patients. We rush to blame managed care and the new layers of bureaucracy for interfering with the doctor-patient relationship. But at least 1 large study shows that managed care is not associated with a reduction in the length of office visits (*N Engl J Med* 2001;344:198-204). So where is the problem?

Perhaps we misunderstand people’s need to be told complex information several times. Perhaps we use overly complex language, or we provide too much information all at once, which simply overwhelms and confuses patients. We fail to tailor our information to the person’s

developmental stage, and we don’t assess and explore how much information our patients have taken in. Perhaps we forget that a common defense is to deny and forget. Feudtner (p 173) provides us with a well-grounded approach to achieving the most from the time we do spend educating our patients, and Bodenheimer suggests some ways that we might deal with “hassles” that arise in the managed-care setting.

An even more difficult communication task is to break bad news to children. How, for example, do you tell a child that their parent is going to die? Stuber and Mesrkhani (p 187) offer practical pointers based on developmental psychological theory. On reviewing the literature, they conclude that it is more valuable for children to be given truthful information than to be “protected” from painful truths.

This month *wjm* begins a series on evidence-based pediatrics and child health (pp 158, 182). We hope this will help physicians to provide high-quality care based on the best available evidence. Our goal is not simply to offer guidelines but to give timely, relevant information that changes practice for the better.